

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/646355

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	10	↓	17	↓		
TOTAL DEP.	10	↔	17	↔		
TOTAL CLAIMS	11	██████████	18	██████████		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		
TOTAL DEP.		↔		↔		
TOTAL CLAIMS		██████████		██████████		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS